MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/595565

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT				AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1								51	/					
2								52	/					
3								53	/					
4								54		/				
5								55		/				
6								56		/				
7								57						
8								58						
9								59						
10								60		/				
11								61						
12								62	/					
13								63		/				
14								64		/				
15								65		/				
16								66		/				
17								67		/				
18								68		/				
19								69						
20								70		/				
21								71		/				
22								72						
23								73	/					
24								74						
25								75						
26								76						
27								77						
28								78						
29								79						
30								80						
31								81						
32								82						
33								83						
34								84						
35								85						
36	/							86						
37		/						87						
38		/						88						
39		/						89						
40		/						90						
41		/						91						
42		/						92						
43	/							93						
44		/						94						
45		/						95						
46		/						96						
47		/						97						
48		/						98						
49		/						99						
50		/						100						
TOTAL IND.								TOTAL IND.	8					
TOTAL DEP.								TOTAL DEP.	31					
TOTAL CLAIMS								TOTAL CLAIMS	39					

PTO - 1360 (REV. 11/04)